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# Start Here

## Military History

► This first section asks about your military history.

### 1. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

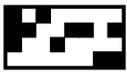
- No, never served in the military
- Yes, but only on active duty for training in the Reserves or National Guard
- Yes, and I am still on active duty
- Yes, I was on active duty in the past, but not now

*Please go to the "Date completed" boxes on the back cover.*

### 2. When did you serve on active duty in the U.S. Armed Forces?

*Please mark yes for each period in which you served, even if it was just for part of the period. Mark no if you did not serve any part of the period listed.*

	Yes ▼	No ▼
a. September 2001 or later .....		
a1. <b>IF YES to a</b> , did you serve in a combat theater of operations during this time? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. August 1990 to August 2001, including the Persian Gulf War .....		
b1. <b>IF YES to b</b> , did you serve in a combat theater of operations <u>after</u> November 11, 1998? .....	<input type="checkbox"/>	<input type="checkbox"/>
b2. <b>IF YES to b</b> , did you serve in southwest Asia between August 2, 1990 and November 11, 1998? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. June 1975 to July 1990 .....	<input type="checkbox"/>	
d. February 1961 to May 1975 ( <i>Vietnam era</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>
e. February 1955 to January 1961 .....		
f. July 1950 to January 1955 ( <i>Korean War</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>
g. January 1947 to June 1950 .....		
h. December 1941 to December 1946 ( <i>World War II</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>
i. November 1941 or earlier .....		



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**3. Do you have a VA service-connected disability rating?**

- Yes
- No → **GO TO Question 5**

**4. What is your VA service-connected disability rating?**

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

**5. Were you discharged or retired from the military for a disability incurred in the line of duty?**

- Yes
- No

**6. Are you a Purple Heart award recipient?**

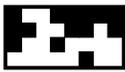
- Yes
- No

**7. Are you a former prisoner of war (POW)?**

- Yes
- No

**8. What type of discharge did you receive when you were released from military service?**

- Honorable Discharge
- General Discharge under Honorable Conditions
- Other than Honorable (OTH) Discharge
- Bad Conduct Discharge
- Dishonorable Discharge
- Administrative/entry-level separation



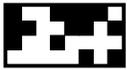
## Your Health and Health Care Services

► This section is about your health conditions that you may have now or had in the past.

### 9. Has a doctor or other health provider ever told you that you have any of the following?

Mark Yes or No for each row.

<u>General Conditions</u>	Yes ▼	No ▼
a. COPD (Chronic Obstructive Pulmonary Disease) .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Dermatological conditions .....		
c. GERD (Gastroesophageal reflux disease) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing loss .....		
<u>Musculoskeletal Conditions</u>		
e. Back pain .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Joint pain .....		
g. Osteoarthritis .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Gout .....		
i. Neck pain .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Fibromyalgia .....		
k. TMD (Temporomandibular Joint Dysfunction) .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Lupus .....		
<u>Mental Health Conditions</u>		
m. PTSD (Post-traumatic Stress Disorder) .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Alcohol abuse .....		
o. Drug abuse .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Schizophrenia .....		
q. Bipolar disorder .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Depression .....		
s. Other mood disorder .....	<input type="checkbox"/>	<input type="checkbox"/>



**10. Since discharge from military service, have you received any of the following services?**

*If yes for any service, indicate whether received from the VA and/or outside of the VA, otherwise select no if you did not receive the listed services.*

	Yes, <u>from</u> <u>the VA</u>	Yes, <u>outside</u> <u>the VA</u>	<u>No</u>
a. Prosthesis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rehabilitation services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual mental health care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group counseling for mental health care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescription medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Caregiver support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Assistive mobility device (e.g., wheelchairs, scooters, walkers, canes) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. A primary care provider is the health provider you see most often and who knows you best. How much of a factor are each of the following to you in choosing a primary care provider?**

*Mark one response for each row.*

	Major factor	Minor factor	Not a factor	Don't know
a. The cost of care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The recommendation of another doctor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The reputation of the personal doctor providing the care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Short wait time for appointments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Location of the doctor's practice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The doctor is in my health plan's provider network .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The doctor understands the special needs of veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Health Care from Outside the VA

- ▶ *This section is about health care you received from outside of the VA. This includes any visit to a doctor, hospital, or clinic for health care that was not at a VA facility. Do not include dental care.*

**12. Did you visit any health care provider outside of the VA in the last 12 months?**

- Yes
- No → **GO TO Question 19 on page 7**

- ▶ *For these next questions, please only think about the non-VA health care provider you saw most often in the last 12 months.*

**13. In the last 12 months, how often did your non-VA health care provider know about your past health problems or past treatments?**

- Never
- Sometimes
- Usually
- Always

**14. In the last 12 months, how often did your non-VA provider's office keep health information about you complete and up-to-date?**

- Never
- Sometimes
- Usually
- Always

**15. In the last 12 months, did you ask someone in your non-VA provider's office for your medical records?**

- Yes
- No → **GO TO Question 17 on page 7**

**16. In the last 12 months, when you asked someone at your non-VA provider's office for your medical records, how often did you get them as soon as you needed?**

- Never
- Sometimes
- Usually
- Always



**17. Is your non-VA provider aware of the health care services you received at the VA in the last 12 months?**

I did not receive any health care services at the VA in the last 12 months

*Please go to the "Date completed" boxes on the back cover.*

Yes → **GO TO Question 19**

No

**18. Sometimes, health care providers need to be aware of services you receive from others to coordinate your care. How much of a problem was it that your non-VA provider was not aware of the services you received at the VA?**

Not a problem

A small problem

A big problem

### Health Care at the VA

▶ *This section is about health care services you received at a VA facility. This includes visits to a VA doctor, hospital, or clinic for health care.*

**19. In the last 12 months, have you received any care from a VA provider? This includes any health care you received at a VA facility. Do not include dental visits.**

Yes

No →

*Please go to the "Date completed" boxes on the back cover.*

**20. Do you have a primary care provider or Patient Aligned Care Team (PACT) at the VA who you have visited in the last 12 months?**

*A patient Aligned Care Team, or PACT, includes your primary care provider, nurse care manager, clinical associate, and administrative clerk.*

Yes

No → **GO TO Question 31 on page 10**

▶ *These next questions are about your experience with your VA primary care provider/PACT.*

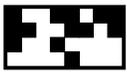
**21. In the last 12 months, how often did your VA primary care provider/PACT know about your past health problems or past treatments?**

Never

Sometimes

Usually

Always



**22. In the last 12 months, did you see a VA health care provider other than your VA primary care provider/PACT?**

- Yes
- No → *GO TO Question 24*

**23. In the last 12 months, how often did your VA primary care provider/PACT know about any tests or results from visits to other VA health care providers?**

- Never
- Sometimes
- Usually
- Always

**24. In the last 12 months, how often did your VA primary care provider/PACT keep health information about you complete and up-to-date?**

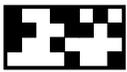
- Never
- Sometimes
- Usually
- Always

**25. In the last 12 months, did you ask your VA primary care provider/PACT for your medical records?**

- Yes
- No → *GO TO Question 27 on page 9*

**26. In the last 12 months, when you asked your VA primary care provider/PACT for your medical records, how often did you get them as soon as you needed?**

- Never
- Sometimes
- Usually
- Always



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**27. In the last 12 months, did you need a referral from your VA primary care provider/PACT to see a non-VA health provider?**

- Yes
- No → *GO TO Question 29*

**28. In the last 12 months, when you needed a referral from your VA primary care provider/PACT to see a non-VA health care provider, how often did you get a referral as soon as you needed it?**

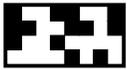
- Never
- Sometimes
- Usually
- Always

**29. Is your VA primary care provider/PACT aware of the health care services you received outside the VA in the last 12 months?**

- I did not receive any health care services outside the VA In the last 12 months
  - Yes
  - No
- *GO TO Question 31 on page 10*

**30. Sometimes, health care providers need to be aware of services you receive from others to coordinate your care. How much of a problem was it that your VA primary care provider/PACT was not aware of services you received outside the VA?**

- Not a problem
- A small problem
- A big problem



## Health Care from Specialists

► This section is about health care services you received from a specialist.

Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

**31. In the last 12 months, did you receive care from any VA specialist other than your VA primary care provider/PACT?**

- Yes
- No

**Please go to the "Date completed" boxes on the back cover.**

► The following questions ask about care you received from the VA specialist you saw most often in the last 12 months other than your VA primary care provider/PACT.

**32. When you saw this VA health care specialist, did he or she have enough information about your medical history?**

- Yes
- No

**33. Was this VA specialist aware of the health care services you received outside the VA in the last 12 months?**

- I did not receive any health care services at the VA in the last 12 months
- Yes
- No

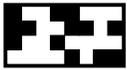
**Please go to the "Date completed" boxes on the back cover.**

**34. Sometimes, health care providers need to be aware of treatments you receive from others to coordinate your care. How much of a problem was it that your VA specialist was not aware of services you received outside the VA?**

- Not a problem
- A small problem
- A big problem

**Please go to the "Date completed" boxes on the back cover.**

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▶ **Date completed:**   /   /      
MONTH DAY YEAR

▶ Who completed this form?

Person named on front of this form

Someone else,



**If Someone Else**, what is person's relationship to the person named on the front of this form?

Husband or wife

Unmarried partner

Mother, father, or guardian

Son or daughter

Other relative

Not related

## THANK YOU FOR COMPLETING THE QUESTIONNAIRE!

- ▶ Please place this survey in the envelope provided to you and give it to the MEPS interviewer.
- ▶ If the interviewer is no longer available, place the survey in the return envelope provided to you by the interviewer. If the envelope is missing, mail this survey to:

MEPS  
c/o Westat  
1600 Research Blvd, Room GA51  
Rockville, MD 20850

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